

BEE COUNTY DIRECT DEPOSIT ENROLLMENT AUTHORIZATION

SECTION A (To be completed by employee).

1. Type of Action: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	2. Social Security Number: 3. Name (Printed):
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SECTION B (To be completed by employee if NEW or CHANGE box in Section A is checked).

1. TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
VERIFY ROUTING/DEPOSITER NUMBERS WITH FINANCIAL INSTITUTION			
2. ROUTING NUMBER:	3. DEPOSITER ACCOUNT NUMBER:		
4. FINANCIAL INSTITUTION NAME:			
5. FINANCIAL INSITUTION ADDRESS:			
(NUMBER AND STREET NAME)	CITY	STATE	ZIP

SECTION C (To be completed by employee).

1. CHECK APPROPRIATE BOX	
<input type="checkbox"/> I hereby authorize the Bee County Human Resources office to provide for DIRECT DEPOSIT of any salary and wages due me, less any mandatory or authorized withholding or deductions therefrom, in the above designated account.	
<input type="checkbox"/> I hereby cancel my DIRECT DEPOSIT authorization.	
_____ Signature	_____ Date

SECTION D (To be completed by Bee County Payroll Assistant).

REMARKS:	2. AUTHORIZED AGENCY SIGNATURE I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED AND ACTING OFFICE OF THE HEREIN NAMED AGENCY AND THAT, BEING SO AUTHORIZED, DO CERTIFY THAT THIS EMPLOYEE IS ELIGIBLE FOR DIRECT DEPOSIT. _____ SIGNATURE
	_____ DATE RECEIVED

PLEASE ATTACH A VOIDED CHECK IF A CHECKING ACCOUNT IS SELECTED.